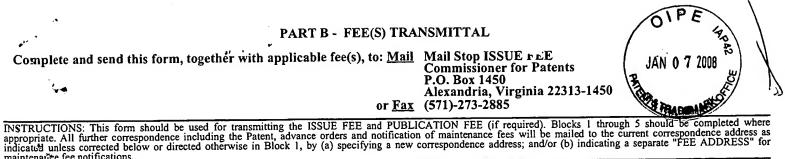
PART B - FEE(S) TRANSMITTAL

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ALEXANDRIA, VA 22314				(Depositor's name		
				(Signature		
				(Date		
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/534,967	05/16/2005	Byung Mo Kang	KANG3018/REF	3628		
TLE OF INVENTION: P	ERINEUM MUSCULAR POWE	R INCREASE DEVICE AND A METHOD THEREOF				

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	01/07/2008
EXAN	MINER	ART UNIT	CLASS-SUBCLASS	01/08/2008 CNS	EUYEN3 00000006 105	34967
AMERSON,	LORI BAKER	3764	482-148000	01 FC:2591		720.00 OP
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a sing	patent front page, list o 3 registered patent attorn vely, le firm (having as a memb agent) and the names of u brneys or agents. If no nam printed.	per a 2	Thomas, PLLC	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. X Issue Fee ☐ Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0200 (enclose an extra copy of this fo Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature 4900 Typed or printed name John R. Schaefer Registration No. 47 921

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:					
Application No.:	10/534,967		Examiner:	L. B. Amerson	
Filing Date:	May 16, 2005		Art Unit:	3764	
First Inventor:	Byung Mo KANG		Customer No.:	23364	
Attorney No.:	KANG3018/JJC/JS		Confirmation No.:	3628	
For:	PERINEUM MU METHOD THEF		. POWER INCREASE	E DEVICE AND A	
COMMISSIONER FOR P.O. BOX 1450 Alexandria, VA 22313-14					
Sir:					
The below identified comproceeding:	munication(s) or d	locument(s) is(are) submitted in	the above application or	
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cover sheet and fee o	f \$40.00	Check	in the Amount of \$1	<u>,020.00</u>	
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JOHN R. SCHAPFER Attorney for Applicant Registration No. 47,921